

As the American Psychiatric Association committees begin formal work on DSM-V, we welcome brief editorials on issues that should be considered in its formulation.

Issues for DSM-V: Psychological Factors Affecting Either Identified or Feared Medical Conditions: A Solution for Somatoform Disorders

Somatoform disorders have been the source of much criticism since their introduction in DSM-III. Their overlap with anxiety and depression as well as the uncertainty of etiology in the patient's somatic complaints makes such diagnoses less useful to clinicians and commonly upsetting to patients. Their most characteristic syndromes, such as somatization disorder, have very low prevalence and can be used only when somatic symptoms are regarded as "psychogenic" (1). When medical disorders are present, DSM allows use of the category "psychological factors affecting medical condition." The es-

"We propose to change this category into 'psychological factors affecting either identified or feared medical conditions' with clinical specifiers as subclassification headings."

sential features of the diagnosis are the presence of a general medical condition and of psychological factors adversely affecting its course and treatment or constituting health risks and stress-related physiological responses. This poorly defined diagnostic categorization had virtually no impact on clinical practice.

We propose to change this category into "psychological factors affecting either identified or feared medical conditions" with clinical specifiers as subclassification headings. By expanding medical conditions to both "identified" and "feared," we can use clinical specifications regardless of the functional/organic dichotomy or axis I or II comorbidity, such as in a very anxious patient after

myocardial infarction or in a patient with fibromyalgia who resents any suggestion of psychosomatic etiology (2). This eliminates the need of a somatoform disorders section (1). The clinical specifiers that we propose are largely based on the Diagnostic Criteria for Psychosomatic Research. These criteria were developed by an international group of investigators (3) and are highly prevalent in medical populations (4, 5).

The clinical specifiers, listed in Table 1, include a DSM diagnosis of hypochondriasis and its highly prevalent variant, disease phobia (4). Both DSM somatization disorder and undifferentiated somatoform disorder are replaced by the Diagnostic Criteria for Psychosomatic Research criteria of persistent somatization, conceptualized as a clustering of functional symptoms involving different organ systems (6). Conversion may be redefined according to Engel's stringent criteria (7), involving features such as ambivalence, histrionic personality, and precipitation of symptoms by psychological stress of which the patient is unaware. Diagnostic Criteria for Psychosomatic Research categories of illness denial, demoralization, and irritable mood offer further specifiers.

Persistent denial of having a medical disorder and the need of treatment (e.g., lack of compliance, delayed seeking of medical attention) frequently occurs in the medical setting (4, 8). Demoralization connotes the patient's consciousness of having failed to meet his or her own expectations (or those of others), with feelings of helplessness, hopelessness, or giving up (3). It can be found in almost a third of medical patients and can be differentiated from depressive illness (9). Irritable mood, which may be experienced as brief episodes or be prolonged and generalized (3), has also been associated with the course of several medical disorders and may carry important clinical implications (10).

TABLE 1. Differential Aspects Between DSM-IV and the New Proposed Classification

DSM-IV	New Proposed Classification ^a
Somatoform Disorders	
Somatization disorder	Deleted; replaced by persistent somatization and moved to Psychological Factors Affecting Either Identified or Feared Medical Conditions
Undifferentiated somatoform disorder	Deleted; replaced by persistent somatization and moved to Psychological Factors Affecting Either Identified or Feared Medical Conditions
Conversion disorder	Redefined as conversion symptoms and moved to Psychological Factors Affecting Either Identified or Feared Medical Conditions
Pain disorder	Deleted
Hypochondriasis	Moved to Psychological Factors Affecting Either Identified or Feared Medical Conditions
Body dysmorphic disorder	Moved to Anxiety Disorders section
Somatoform disorder not otherwise specified	Deleted
Psychological Factors Affecting Medical Condition	Psychological Factors Affecting Either Identified or Feared Medical Conditions Hypochondriasis Disease phobia (DCPR) Persistent somatization (DCPR) Conversion symptoms (DCPR) Illness denial (DCPR) Demoralization (DCPR) Irritable mood (DCPR) Psychological Factors Affecting Either Identified or Feared Medical Conditions Not Otherwise Specified

^a DCPR=Diagnostic Criteria for Psychosomatic Research.

In summary, the expansion to “psychological factors affecting either identified or feared medical conditions” is supported by a growing body of research (2, 4, 5), may offer a solution to the inadequacies of current classification of somatoform disorders without losing or misplacing the clinical syndromes that inspired it, and is in line with psychosomatic medicine as a recognized subspecialty.

References

- Mayou R, Kirmayer LJ, Simon G, Kroenke K, Sharpe M: Somatoform disorders: time for a new approach in DSM-V. *Am J Psychiatry* 2005; 162:847–855
- Mangelli L, Bravi A, Fava GA, Ottolini F, Porcelli P, Rafanelli C, Rigatelli M, Sonino N: Assessing somatization with different diagnostic criteria. *Psychosomatics* (in press)
- Fava GA, Freyberger HJ, Bech P, Christodoulou G, Sensky T, Theorell T, Wise TN: Diagnostic criteria for use in psychosomatic research. *Psychother Psychosom* 1995; 63:1–8
- Fava GA, Fabbri S, Sirri L, Wise TN: Psychological factors affecting medical condition: a new proposal for DSM-V. *Psychosomatics* 2007; 48:103–111
- Fava GA, Sonino N: The clinical domains of psychosomatic medicine. *J Clin Psychiatry* 2005; 66:849–858
- Kellner R: Psychosomatic syndromes, somatization and somatoform disorders. *Psychother Psychosom* 1994; 61:4–24
- Engel GL: Conversion symptoms, in *Signs and Symptoms*. Edited by Mac Bryde CM, Blacklow RS. Philadelphia, Lippincott, 1970, pp 650–669
- Goldbeck R: Denial in physical illness. *J Psychosom Res* 1997; 43:575–593
- Mangelli L, Fava GA, Grandi S, Grassi L, Ottolini F, Porcelli P, Rafanelli C, Rigatelli M, Sonino N: Assessing demoralization and depression in the setting of medical disease. *J Clin Psychiatry* 2005; 66:391–394
- Mangelli L, Fava GA, Grassi L, Ottolini F, Paolini S, Porcelli P, Rafanelli C, Rigatelli M, Sonino N: Irritable mood in Italian patients with medical disease. *J Nerv Ment Dis* 2006; 194:226–228

GIOVANNI A. FAVA, M.D.
THOMAS N. WISE, M.D.

Address correspondence and reprint requests to Dr. Fava, Department of Psychology, University of Bologna, Viale Berti Pichat 5, 40127 Bologna, Italy; giovanniandrea.fava@unibo.it (e-mail).

Dr. Wise is on the speakers' bureaus of Lilly, Pfizer, and GlaxoSmithKline and on the advisory board of Lilly. Dr. Fava reports no competing interests. Dr. Freedman has reviewed this editorial and found no evidence of influence from these relationships.

Editorials discussing other DSM-V issues can be submitted to the Journal at <http://mc.manuscriptcentral.com/appi-ajp>. Submissions should not exceed 500 words.